

WEST VIRGINIA UNIFORM TRAFFIC CRASH REPORT

Date of Crash		Time of Crash		CRASH REPORTED BY:		Time of Notification		Time of Arrival		FATALITY			
M T W T F S Sun		HRS		1 State Police 3 Sheriff 2 City Police 4 Other		HRS		HRS		1 Fatality 2 Leaving Scene 3 Hit & Run 4 Striking Unattended Vehicle 5 Other			
LOCATION	COUNTY		CITY OR TOWN		HIGHWAY CLASSIFICATION		IF ON CONTROLLED ACCESS HIGHWAY, FILL IN ONE		RELATION TO ROADWAY (Location of First Impact)				
	CRASH OCCURRED ON		STREET 1		MAXIMUM SPEED LIMIT		ADVISORY SPEED		1 On Road 4 Outside of Median 2 Main Road at Interchange 3 Entrance Ramp On 5 Shoulder 6 Other/Unknown				
	ROUTE 1		STREET 2		MAXIMUM SPEED LIMIT		ADVISORY SPEED						
	AT INTERSECTION WITH:		STREET 2		MAXIMUM SPEED LIMIT		ADVISORY SPEED						
	IF NOT AT INTERSECTION:		STREET, HIGHWAY, TOWN ETC.		MAXIMUM SPEED LIMIT		ADVISORY SPEED						
DRIVER	DRIVER'S FULL NAME		ADDRESS		CITY		STATE		ZIP		DRIVER'S PHONE: ()		
	DATE OF BIRTH		SOCIAL SECURITY NUMBER		DRIVER LICENSE NUMBER		STATE		LICENSE RESTRICTION(S) VIOLATED				
	CITATION NUMBER		CITATION CHARGE		DRIVER CONDITION:		1 Normal 4 Ill 7 Other 2 Fatigued 5 Drinking 8 Unknown 3 Asleep 6 Medication						
	SOBRIETY TEST GIVEN		TYPE OF TEST GIVEN:		FIELD BLOOD		BREATH PBT		URINE OTHER			TEST RESULTS:	
	1 Yes 2 Refused Test 3 Not Offered		4 U-Turning 5 Changing Lanes 6 Passing 7 Parking 8 Parked 9 Backing 10 Merging 11 Slowing or Stopping 12 Stopped in Traffic Lane 13 Entering or Leaving Driveway 14 Pulling Out from Parking Space 15 Other (SEE NARRATIVE)										
VEHICLE	OWNER'S FULL NAME		ADDRESS		CITY		STATE		ZIP		WORK PHONE: ()		
	YEAR		MAKE		MODEL		STYLE		COLOR (List Primary/Secondary)				
	LICENSE PLATE NUMBER		STATE		YEAR		VEHICLE IDENTIFICATION NUMBER						
	DIRECTION TRAVEL: (If turning, enter direction BEFORE turn.)		ROUTE 1 ABOVE 2 BELOW		TOTAL OCCUPANTS OF THIS VEHICLE:		EXTENT OF DAMAGE		DRIVEABLE			DAMAGED AREA(S)	
	1 No 2 Exceeding Speed Limit 3 Exceeding Safe Speed		4 Changing Lanes Improperly 5 Following Too Closely 6 Disregarded Traffic Control 7 Did Not Have Right of Way 8 Failure to Maintain Control 9 Driving Under Minimum Speed 10 No Signal or Improper Signal		11 Turning Improperly 12 Passing Improperly 13 Parking Improperly 14 Backing Improperly 15 Avoiding Animal or Vehicle 16 Distraction Inside Vehicle 17 Walking Violation		18 Driver Under Influence 19 Pedestrian Under Influence 20 Slippery Pavement 21 Other Roadway Defects 22 Previous Accident 23 Left of Center 24 Other (SEE NARRATIVE)		1 Yes 2 No			1 UNDERCARRIAGE 2 NONE/NON-APPARENT 3 OTHER/UNKNOWN 4 ALL AREAS	

DAMAGED PROPERTY OTHER THAN VEHICLES (DESCRIBE AS COMPLETELY AS POSSIBLE)		PAGE 1 OF 2	
OWNER'S NAME <input type="checkbox"/> Other (Please List) ADDRESS CITY STATE ZIP		<input type="checkbox"/> ON PAVEMENT OR <input type="checkbox"/> FEET OF PAVEMENT EDGE	
CRASH CODES	SEATING 1. Driver 2. Passenger One 3. Passenger Two 4. Other (SEE NARRATIVE)	10. Sleeper Section 11. Other Enclosed Passenger Area/ Cargo Area 12. Other Unenclosed Passenger Area/ Cargo Area 13. Riding In/On Trailing Unit 14. Riding On Vehicle 15. Unknown 16. Other (SEE NARRATIVE)	OCCUPANT PROTECTION 1. None Installed 2. None Used 3. Lap Belt Only Used 4. Shoulder Belt Only 5. Lap and Shoulder Belt Used 6. Child Safety Seat 7. Helmet, Glasses/Shield 8. Unknown
	AIRBAG DEPLOYED 1. Yes 2. No 3. Not equipped	EJECTED 1. No 2. Yes 3. Partially 4. Unknown	INJURY CLASSIFICATION K - Killed A - Bleeding Wound, Distorted Member, or Had to Be Carried from Scene. B - Bruises, Abrasions, Swelling, Limping, Etc. C - No Visible Injury But Complaint of Pain or Momentary Unconsciousness. O - Not Injured
	MEDICALLY TRANSPORTED 1. No 2. Yes 3. Refused 4. Unknown		
PERSONS INVOLVED	HAZARDOUS CARGO 1. No 2. Yes 3. No 4. Yes 5. Unknown 6. Unknown		DRIVER 1. No 2. Yes 3. No 4. Yes 5. Unknown 6. Unknown
	VEHICLE FIRE OCCURRENCE 1. No 2. Yes 3. No 4. Yes 5. Unknown 6. Unknown		DRIVER 1. No 2. Yes 3. No 4. Yes 5. Unknown 6. Unknown
	NAME AGE ADDRESS		INJURED TAKEN TO: INJURED TAKEN BY: EMS/AMBS UNIT NUMBER EMS RUN FORM NUMBER
WITNESSES	PEDESTRIAN ACTION 1. Crossing at Intersection 2. Crossing Not at Intersection 3. Walking on Pavement With Traffic 4. Walking on Pavement Facing Traffic 5. Standing on Pavement 6. Working on Pavement 7. Not on Pavement		PHONE NUMBER
	NAME OF WITNESS ADDRESS CITY STATE ZIP		H W
	NUMBER OF LANE: WERE LANES CLEARLY MARKED? YES NO		VISION OBSCURED BY 1. Not Obscured 2. Rain, Snow, Ice 3. Fog/Smog 4. Trees, Bushes 5. Building(s) 6. Embankment 7. Signboard 8. Unknown
CRASH TYPE	MANNER OF COLLISION: 1. Rear End 2. Head On 3. Same Direction Sideswipe 4. Opp. Direction Sideswipe 5. Rear-to-Rear 6. Single Vehicle Crash 7. Other		VEH. SEQUENCE OF EVENTS (Use Codes at Right) 1. Loss of Control 2. Cross centerline/head-on 3. Run off roadway/right 4. Run off roadway/left 5. Run over curb 6. Separation of units 7. First collision 8. Second collision 9. Third collision 10. Fourth collision 11. Downhill runaway 12. Cargo loss/shift 13. Vehicle left from veh. 14. Stopped in traffic lane 15. Other noncollision
	VEH. TYPE 1. Light 2. Heavy 3. Other		VEH. TYPE 1. Light 2. Heavy 3. Other
	VEH. TYPE 1. Light 2. Heavy 3. Other		VEH. TYPE 1. Light 2. Heavy 3. Other
COMMERCIAL CARRIER	SCREENING INFORMATION: NUMBER OF QUALIFYING VEHICLES INVOLVED: Trucks with 6 or more tires or a Haz Mat Placard Buses designed to carry 16 or more persons NUMBER OF: Persons Sustaining fatal injuries Persons transported for IMMEDIATE medical treatment Vehicles towed from the scene due to damage or provided assistance		VEHICLE CONFIGURATION 1. Any 4-tire vehicle 2. Bus 3. Single unit truck (2 axles/6 or more tires) 4. Single unit truck (3 or more axles) 5. Truck with trailer 6. Truck tractor only (Bobtail) 7. Tractor with semi-trailer 8. Tractor with double trailers 9. Tractor with triple trailers 10. Other - Unable to classify
	CARRIER INFORMATION SOURCE: 1. Shipping Papers 2. Vehicle Side 3. Log Book 4. Driver 5. Other		HAZARDOUS MATERIAL PLACARD: Yes No SPILL: Yes No
	VEHICLE NUMBER 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20.		HAZARDOUS MATERIAL PLACARD: Yes No SPILL: Yes No
NAME OF INVESTIGATING OFFICER (Please Print) NUMBER NAME OF POLICE AGENCY		DATE OF COMPLETION	

**DRAW ARROW POINTING
NORTH IN CIRCLE**

COLLISION DIAGRAM

DESCRIBE WHAT HAPPENED (Refer to Vehicles by Number)

**N
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WEST VIRGINIA UNIFORM TRAFFIC CRASH REPORT
FATAL CRASH SUPPLEMENT

COUNTY _____		DETACHMENT _____																	
DRIVER #1 _____ DRIVER #2 _____ OTHER _____		CORRECTIVE LENSES OR CONTACTS DRIVER: _____ DRIVER: _____																	
ROADWAY FLOW: <input type="checkbox"/> DIVIDED HIGHWAY <input type="checkbox"/> (IF YES, CHECK ONE OF THE FOLLOWING) <input type="checkbox"/> MEDIAN STRIP <input type="checkbox"/> GUARD RAIL <input type="checkbox"/> OTHER BARRIER <input type="checkbox"/> NOT PHYSICALLY DIVIDED <input type="checkbox"/> ONE WAY TRAFFICWAY		TRAVEL SPEED: <table style="width:100%;"><thead><tr><th></th><th>ACTUAL</th><th>ESTIMATED</th><th>UNKNOWN</th></tr></thead><tbody><tr><td>DRIVER #1</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>DRIVER #2</td><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>			ACTUAL	ESTIMATED	UNKNOWN	DRIVER #1	_____	_____	_____	DRIVER #2	_____	_____	_____				
	ACTUAL	ESTIMATED	UNKNOWN																
DRIVER #1	_____	_____	_____																
DRIVER #2	_____	_____	_____																
HELMET USAGE (MOTORCYCLIST/PEDESTRIAN) <input type="checkbox"/> YES <input type="checkbox"/> NO		CHILD SAFETY SEAT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IMPROPERLY USED																	
		ESTIMATED EMS TIMES: <table style="width:100%;"><thead><tr><th></th><th>CALLED</th><th>ARRIVED</th><th>DEPARTED</th></tr></thead><tbody><tr><td>UNIT# _____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>UNIT# _____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>UNIT# _____</td><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>			CALLED	ARRIVED	DEPARTED	UNIT# _____	_____	_____	_____	UNIT# _____	_____	_____	_____	UNIT# _____	_____	_____	_____
	CALLED	ARRIVED	DEPARTED																
UNIT# _____	_____	_____	_____																
UNIT# _____	_____	_____	_____																
UNIT# _____	_____	_____	_____																
		EMS ARRIVAL TIME AT HOSPITAL _____ (IF MORE THAN ONE UNIT RESPONDS, LIST TIME FOR FIRST UNIT ARRIVING AT HOSPITAL)																	
CRASH AVOIDANCE MANEUVER (MARK FOR EACH VEHICLE)																			
NO AVOIDANCE MANEUVER	VEHICLE# _____	BRAKING (SKIDMARKS EVIDENT)	VEHICLE# _____																
STEERING (EVIDENCE STATED)	VEHICLE# _____	BRAKING (NO SKIDMARKS, DRIVER STATED)	VEHICLE# _____																
STEERING & BRAKING (EVIDENCE OR STATED)	VEHICLE# _____	OTHER AVOIDANCE MANEUVER	VEHICLE# _____																
METHOD OF ALCOHOL/DRUG DETERMINATION (LIST NAME, VEHICLE# AND TEST FOR ALL PASSENGERS INVOLVED)																			
NAME: _____ VEH#: _____		NAME: _____ VEH#: _____																	
<input type="checkbox"/> EVIDENTIAL TEST (BREATH, BLOOD OR URINE) <input type="checkbox"/> PBT <input type="checkbox"/> FIELD SOBRIETY TESTING <input type="checkbox"/> OBSERVATION <input type="checkbox"/> DRUG USE SUSPECTED		<input type="checkbox"/> EVIDENTIAL TEST (BREATH, BLOOD OR URINE) <input type="checkbox"/> PBT <input type="checkbox"/> FIELD SOBRIETY TESTING <input type="checkbox"/> OBSERVATION <input type="checkbox"/> DRUG USE SUSPECTED																	
EJECTION PATH LIST NAME, VEHICLE, AND PATH OF THOSE EJECTED																			
NAME: _____ VEH#: _____		NAME: _____ VEH#: _____																	
<input type="checkbox"/> SIDE DOOR <input type="checkbox"/> BACK WINDOW <input type="checkbox"/> WINDSHIELD <input type="checkbox"/> BACK DOOR/TAILGATE <input type="checkbox"/> ROOF OPENING (CONVERTIBLE TOP UP) <input type="checkbox"/> OTHER PATH (BED OF PICKUP TRUCK)		<input type="checkbox"/> SIDE DOOR <input type="checkbox"/> BACK WINDOW <input type="checkbox"/> WINDSHIELD <input type="checkbox"/> BACK DOOR/TAILGATE <input type="checkbox"/> ROOF OPENING (CONVERTIBLE TOP UP) <input type="checkbox"/> OTHER PATH (BED OF PICKUP TRUCK)																	
AIR BAG FUNCTION																			
<input type="checkbox"/> DEPLOYED <input type="checkbox"/> NON-DEPLOYED		<input type="checkbox"/> DRIVER SIDE <input type="checkbox"/> PASSENGER SIDE <input type="checkbox"/> DRIVER SIDE <input type="checkbox"/> PASSENGER SIDE																	
DATE OF DEATH: _____		TIME OF DEATH: _____																	

SEND ORIGINAL TO: TRAFFIC RECORDS SECTION, FATAL ANALYSIS REPORTING SYSTEM (NO COPIES NEEDED)